

Needs of Health education for Foreign women of Multicultural family in Korea

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Abstract. The purpose of this study is to find out the needs of education for the program development suitable to the foreign women in multicultural family. Research design is descriptive survey study. The subjects of this study were 650 foreign women in multicultural family. Structured questionnaire was used to verify the level of needs and requirements for developing the contents of health education based upon theirs. Collected data from July 2010 to December 2010 from 5 areas in Korea was analyzed by SPSS. As a result, the needs of health education were Korean culture as the first, and prevention and early diagnosis of breast cancer, communication skill, parent's role, prevention and early diagnosis of women cancer were high in rank. In conclusion, the need of social aspect of health such as social context such as culture was higher than their physical health need. Furthermore, the concern about disease was the higher priority than health maintenance and improvement. It is necessary to develop programs reflecting these findings and to study further on this topic.

Keywords: Multi-cultural family, Immigrant women, Health education needs

1 Introduction

South Korea has become a multicultural nation as a result of influx of foreign workers and increasing number of international marriages between socially disadvantaged Korean men and foreign immigrant women from China, Philippines, Vietnam and Mongolia for the past ten years (Kim, 2010). These foreign immigrant women come to Korea through marriage with an intention to stay permanently, instead of a temporary visit, and many of them end up going through many difficulties, such as adaptation to new foreign environment, pregnancy, childbirth, parenting and house chores. These difficulties, when combined with cultural differences, can significantly affect their physical and mental health negatively (Kim, 2011; Yang, 2010). The true meaning of being “healthy” has to include all aspect of health such as physical,

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mental, sociocultural and spiritual well-being, and also, it is important to note that women's health is directly related to childbirth, so called reproductive health (Yoo, 2004). Pregnancy, delivery and childbirth are often viewed as critical stages of each woman's life, and it is very important for them to maintain their health during those time periods. On considering their age of marriage and mothering role and related to the possible health problems, preparatory educational programs for maintaining and promoting assisting their health and adapting to the new life and settling in Korean society healthily.

2 Materials and Methods

2.1 Research Outline

This was a descriptive research that was designed to provide basic data for developing health management program for the foreign immigrant wives of multicultural family in Korea.

2.2 Participants

The participants of this research were foreign immigrant women married to Korean man residing in the 5 cities, S, KG, J, KN and P. They all agreed to participate in this study by reading the documents given to them in their own native languages. 650 participants' responses were used out of 731 after eliminating some participants' insufficient responses.

2.3 Tools and Materials

The main tool used for this study was the survey designed to grasp the general characteristics of the immigrant women's immigration, their married life and their demand for health education. The contents of the needs of health education were delineated from the contents of current health education program of pregnancy and delivery in Korea and maternity nursing textbooks, and were validated by one nursing professor, four nursing students, two maternity nurses and two other nursing practitioners. The 46 items were consisted of 6 sociocultural, 17 pregnancy, 6 delivery, 9 postpartum and 7 maternity questions. For reliability, Cronbach's alpha was .979.

2.4 Data Collection Method and Ethical Consideration

This study was reviewed by Institutional Review Board (No. 2009-09), and data were collected from April, 2010 to December of the same year. The researchers and the research assistant visited the multicultural center, immigrant women's centers and public health centers and explained the purpose, intention and anonymity of this study, and then the questionnaire was given to the immigrant women upon their agreement.

2.5 Data Analysis

All the collected data were computerized with SPSS Win 20.0.

3 Results

3.1 General Characteristics of Participants

The participants' average age was 29.47 ± 6.32 , and the average age difference with their husbands' age was 12.22. 54.2 % of the participants were Vietnamese, 36.0% were Chinese and 5.1% were Filipinas. 85.7% came to Korea because of their marriage, and 43% met their husbands through international marriage agencies. 40.9% of the participants and 56.8% of the husbands were high school graduates, and the average income for the family was 2,391,500 won and the participants' average income was 562,500 won. 87.7% of them spoke Korean with their husbands, and the participants' average Korean language skills was 3.23 for listening and 2.90 for writing, indicating they are proficient in Korean. On the other hand, their husbands' average language skills of their wives' language was 1.96 for speaking and 1.95 for listening, indicating their skills are poor. The degree of married life satisfaction was 3.50, indicating they are happier than average, and 37.7% responded that they fight or argue with their husbands once or twice a month.

3.2 Participants' Demands for Health Education

The scale of 0 to 3 was used to indicate the degree of necessity of health education: 3 was "there is an urgent need for health education" and 0 "the participants already have sufficient knowledge, therefore no education seems necessary." The mean score was $1.68 \pm .70$. The highest need of education was 'Korean culture,' $2.22 \pm .73$. The 'early detection and prevention of breast cancer' $2.05 \pm .89$, the 'ways to communicate' $1.97 \pm .89$, the 'parents' role' $1.96 \pm .94$, and the 'early detection and prevention of cancer in women' $1.92 \pm .93$ were high in rank.

4 Conclusions

The foreign women's degree of necessity for health education in multicultural family was comparatively not high, although most of participants have stated that they need some types of education. There was the higher need for sociocultural education than others. It is assumed that women's the lack of language skills especially during the earlier phase of their immigration and difficulty of adaptation to the new environment led them less stress on the topics related to their physical health especially related to pregnancy and childbirth. And also, on considering their higher need for disease prevention and early detection than the need for education on pre-illness health maintenance and health promotion, it is essential for health professionals to provide

health education program that leads them to live healthy everyday life with wholistic perspectives of health.

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